



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/122 (10-00)

## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

|                        |            |
|------------------------|------------|
| Application Number     | 09/729,939 |
| Filing Date            | 12/5/2000  |
| First Named Inventor   | JOSH I     |
| Group Art Unit         | 2171       |
| Examiner Name          |            |
| Attorney Docket Number | N0080US    |

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number   
Type Customer Number here

OR

RECEIVED

JUL 05 2001

Group 2100

Place Customer  
Number Bar Code  
Label here

|   |   |       |              |     |       |
|---|---|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Navigation Technologies Corporation<br>Attention: Patent Department |       |              |     |       |
| Address   | 222 Merchandise Mart Plaza  |       |              |     |       |
| Address   | Merchandise Mart, Suite 900   |       |              |     |       |
| City  | Chicago   | State | IL           | ZIP | 60654 |
| Country   | USA   |       |              |     |       |
| Telephone   | 312/894-7371  | Fax   | 312/894-7228 |     |       |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

Frank J. Kozak

Signature

*Frank J. Kozak*

Date

6-27-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



### Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

RECEIVED  
JUL 05 2001  
Group 2100

on June 27, 2001  
Date

*Frank J. Kozak*  
Signature

Frank J. Kozak

Typed or printed name of person of signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.